

VETERANS ADMINISTRATION HOSPITAL



BLIND AND VISUALLY HANDICAPPED REHABILITATION CLINIC

NORTHAMPTON, MASSACHUSETTS 01060

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TO ANSWER YOUR QUESTIONS

	<u>Page</u>
Purpose of the Clinic.	1
Where is the Clinic	1
The Clinic Staff	1
The Type of Blind Patient.	2
The Blind Therapy Disciplines.	2
Orientation & Mobility	2
Braille and Communications	3
Industrial Arts Therapy	4
Social Service	6
Results of Clinic Training	8
Length of Patient Stay	8
Entrance Requirements	9
Who to Contact for Further Information	9

PURPOSE OF THE CLINIC

The purpose of this clinic is to provide a wide variety of professional services to the blind veteran who has some other mental handicap. Through attainment of these services the patient may regain many of the capabilities which he lost as a result of his visual handicap and make strides toward a more healthy mental adjustment.

WHERE IS THE CLINIC?

The clinic is situated as a separate ward of the Veterans Administration Hospital, Northampton, MA. There is dormitory space for 25 men, a dayroom, kitchen, and various training rooms all within the clinic area.

WHAT TYPE OF STAFF IS THERE AT NORTHAMPTON CLINIC?

One Ward Physician, two certified Peripathologist (Orientation and Mobility Instructors), two Manual Arts Therapists, one certified Braille and Communications Instructor, three Registered Nurses, nine Nursing Assistants, one Social Worker, and one consulting Psychiatrist.

These twenty staff members all have daily involvement with the veterans, each using his professional training in a coordinated team effort to help each veteran make his adjustment.



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WHAT TYPE OF PATIENT GOES TO NORTHAMPTON?

We have had a variety of blinded veterans in the past and expect that this will continue. The blinded veteran at Northampton is one that has a known psychiatric condition. These psychiatric conditions have ranged from slight depressive personalities to various stages of schizophrenic veterans. The range of residual vision has also been great, from totally blind to patients with up to 20/200 vision. Many of the veterans at the clinic have been over 65 years old, many have been in psychiatric hospitals for years and just become blind, some come from state hospitals, and some from homes. All our veterans who have received training and guidance at the clinic have had additional problems with their blindness.

WHAT DOES EACH DISCIPLINE DO WITH THE VETERANS?

Orientation and Mobility, Braille and Communications, Industrial Arts Therapy, Social Work Service, and Nursing Care.

ORIENTATION AND MOBILITY

In education for the blind, Orientation and Mobility denotes the integrated use of the blind person's remaining senses for maintaining awareness of his position in relation to his surroundings (orientation) and the ability to safely and efficiently move through and interact with his surroundings (mobility).

At the VAH Northampton, two certified Orientation and Mobility Instructors along with specially trained nursing personnel conduct the necessary instruction to most effectively meet the patient's individual needs and capabilities. The rudimentary aspects within Orientation and Mobility that a

great number of patients achieve (in varying degrees) includes the "how to's" of using of a sighted person as a guide; hand and forearm self-protection; and elementary cane use. Success in said procedures allows continuing instruction which in most dramatic cases enables independent travel in residential and even business setting.

Imperative to attaining such proficiency in independent travel is the proper use of the Hoover Cane--more commonly known as "the long cane." As mentioned previously, individual capacities and abilities govern to what extent the cane comes into each patient's rehabilitation.

A retrospect look at the contribution of Orientation and Mobility to the individual patients would illustrate that some patients gain abilities and skills which enable them to be more active and self-satisfied hospital patients. In other instances it would be seen that returning home was made more possible. Thus, for each patient, the gamut of rehabilitative possibilities is extremely wide and cannot be adequately surveyed in such a brief statement.

In summary, the Orientation and Mobility program offers to each neuro-psychiatric patient the opportunity to receive professional instruction which will allow him to achieve the highest degree of personal independence in traveling within his surroundings.

BRAILLE AND COMMUNICATIONS

The blinded veteran is afforded the opportunity to learn various skills relating to the areas of verbal and written communications. The student is instructed in these areas in accordance with his abilities and interests.

Familiarization with and helpful information about Talking Books and the Talking Book machine is given along with sources from which these aids may be obtained.

Instruction in the use and operation of the typewriter is offered. It is felt that typing for the blind persons can be a very effective means of communication with family and friends. Thus, it is a skill that is highly encouraged for those who possess the potential to learn such a task.

Braille is also taught as a means of communication--more with one's self than with other people. Through braille a blind person can enjoy reading, writing, labeling clothes and canned goods, etc.--all things which facilitate his becoming more independent. Learning braille or dot combinations requires an adequate degree of mental and physical alertness and not necessarily a high degree of touch sensitivity as many people think. If the student is not capable of learning the entire braille system, he is still encouraged to learn a few basics. This will enable him to read a braille watch, to read a braille ruler for shop work, or to play cards if this was one of his past interests.

INDUSTRIAL ARTS THERAPY

Particular attention is given to the suitability of assignments for each veteran as well as its degree of difficulty. The level of work selected will not exceed the veteran's capacity to succeed, thus avoiding failure and frustration; but will always test current upper limits. Each veteran is offered carefully selected activities which are graded according to ability and interest. Through increasing complexity of work assignments, the veteran is guided into gradual growth in skill. Progressively

the level of expectations is raised providing a solid foundation for higher aspirations and accomplishments.

Every veteran is offered several areas of activities to explore such as: Orientation to work area and tools (how to travel in a work area safely and the proper use of tools and power equipment); woodworking; metal fabrication; home mechanics; production line procedures; and furniture assembly.

As the student's skill improves, more challenging activities are presented such as: Power tool operation and a variety of independent construction projects.

Through the Industrial Arts training, the veteran is given the opportunity to gain experience, independence, and the "know how" to relate not only to his past abilities but learn new skills so he may quickly adjust to his dual handicap.

The attitudes and atmosphere presented by the specialists in the workshop help the veteran gain confidence and to become more aware of himself as a person.

SOCIAL SERVICE

Because of the type of patients accepted for the Blind Rehabilitation Ward, Social Work Service has particular responsibility to learn and share with staff the knowledge of patients' background before admission. Some of this material is included in reports submitted before, and at the time of patient's admission, but rarely gives a complete picture. It is essential for Staff Physician and Ward Team who will be working with these patients closely to know as much about patients family, or lack of it, and the potential for stimulating the patient toward a life away from the hospital in the future or a better adjustment through newly learned skills to a hospital or nursing home environment.

Patients on this service carry a psychiatric diagnosis, as well as blindness, and usually have other medical problems, such as heart, diabetes; frequently aphasia and/or paralysis of an arm or leg from a C.V.A.

It is obvious, therefore, that the many and sometimes total professional services of the hospital will share in the efforts toward the rehabilitation of these patients.

To be as informed as possible, Social Work Service gets more information from Social Work Service in previous hospitals if indicated.

Social Work Service encourages family members, parents, brothers, sisters, spouse, and children to come to the hospital at the time of admission to meet the staff and stay for a day or two.

We ask for these family visits to:

- a. Share with us behavior and problems presented by patient before admission.
- b. To learn feelings of family toward patient and determine whether or not plans for return to family can be realistically considered.
- c. To help family members, if willing, to deal with their own feelings about patient and to help them accept patient and his disability with more understanding. This includes learning to allow patient freedom to try out the many things he has learned, in a home environment.

If family is unwilling to or refuses to have patient at home again (Most problems have been long standing before patient's admission to this hospital), we try to have them admit to patient that he will have to accept a life away from family in the future.

Until this happens, efforts to help patient plan for himself in a new way are usually ineffective.

All services then pool exchanges by phone, letter, visits, pictures, tapes, etc., to have family alerted to patient's progress; and their readiness to have him home is assessed.

When discharge plans are initiated, family members are again encouraged to come to the hospital to see patient's total progress. Mobility Specialists return with patients to home or hospitals to reacquaint patient with their surroundings. They demonstrate to relatives patient's progress if visits by family are not possible.

The Social Worker also has regular interviews with patients to help them accept their disabilities, make realistic plans for themselves away from this

setting, whether at home, in Community Care Placement or in another hospital environment.

The Social Worker also initiates and maintains liaison with other Agencies in planning for school placement, sheltered workshop, or other placements, as indicated.

WHAT RESULTS DO THE THERAPISTS EXPECT?

Because our veterans and their problems vary greatly so do our accomplishments. Many of our veterans will return to hospitals from where they came, but not as the same patient. They return to their old hospitals with the ability to respond to situations independently, and make use of many of the hospital facilities that they never used before.

Another group of our veterans will return to families or community homes with all the skills and attitudes that allow them to make further healthy adjustments.

These are the results the clinic has seen with their veterans and expects to see in the future.

HOW LONG MUST THE VETERAN STAY AT THE CLINIC?

We ask that the veteran stay for an initial 90 day evaluation period. We have found that with this type of patient the 90 days usually gives us and the veteran enough time to realize his problem, plan our therapy, and begin the therapy. Some of our past veterans have stayed at Northampton for just 90 days and others have stayed longer. The average stay for most of our veterans has been six to eight months.

WHAT QUALIFICATIONS DOES THE VETERAN NEED TO ENTER THE CLINIC?

1. He must be considered legally blind by an ophthalmologist.
2. He must have a diagnosed psychiatric condition.
3. He must be able to communicate at a level that allows basic learning to take place.
4. He must be able to ambulate.
5. He must be a veteran.

WHO DO YOU CONTACT IF YOU HAVE A VETERAN WHO YOU FEEL MAY BE ELIGIBLE?

Patients in VA hospitals may be considered for the Blind Rehabilitation Training Program by submitting the required data through the Medical Administration personnel at your hospital to the Chief, Medical Administration Division, VA Hospital, Northampton, Mass. This is in accordance with the instructions of M-1, Part I, Chapter 11.

Veterans in non-VA hospitals or residing in the community will be considered by submitting VA Form 10-10, Application for Medical Benefits, and VA Form 10-10M, Medical Certificate and History to the Chief, Medical Administration Division, VA Hospital, Northampton, Mass.

In either case you will be advised if accepted or rejected.

WHAT DOES THE BLIND CLINIC NEED FOR INFORMATION TO SCREEN PROSPECTIVE
VETERANS FOR TRAINING?

1. Proof of qualifications for entrance.
 - a. Legal Blindness report.
 - b. Psychiatric Report
 - c. Level of communication and ambulation.
2. Social Worker's Report.
3. Nurse's report - if available.
4. Any other information that will give us a clear picture of the individual.

*Medical Administration at Northampton asks that aside from the above information sent to the clinic, they must receive a veterans Form 509 Report, or 10-1000 Report to accept the veteran into this hospital.

If you have any questions of the training program or rehabilitation process,
please contact:

Ward Physician, Blind Rehabilitation Clinic
Veterans Administration Hospital
Northampton, Mass. 01060

Phone: 413-584-4040 Ext. 232-233

FTS: 413-781-2398 Ext. 232-233

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